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Bib Data Sheet

CONFIRMATION NO. 8892

<b>SERIAL NUMBER</b> 09/637,381	<b>FILING DATE</b> 08/11/2000 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2177	<b>ATTORNEY DOCKET NO.</b> ST9-99-124
<b>APPLICANTS</b> Lee Evan Nakamura, Morgan Hill, CA; Stewart Eugene Tate, San Jose, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/148,558 08/12/1999 AND CLAIMS BENEFIT OF 60/148,561 08/12/1999 AND CLAIMS BENEFIT OF 60/148,500 08/12/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/25/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Donald E. Dobby</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 24 75 W.E.D.
				<b>INDEPENDENT CLAIMS</b> 3 42 W.E.D.
<b>ADDRESS</b> 27896				
<b>TITLE</b> Data access system				
<b>FILING FEE RECEIVED</b> 2382	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**\*BIBDATASHEET\*****CONFIRMATION NO. 8892**

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SERIAL NUMBER 09/637,381	FILING DATE 08/11/2000  RULE	CLASS 707	GROUP ART UNIT 2167	ATTORNEY DOCKET NO. ST9-99-124
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## APPLICANTS

Lee Evan Nakamura, Morgan Hill, CA;

Stewart Eugene Tate, San Jose, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/148,558 08/12/1999  
 and claims benefit of 60/148,561 08/12/1999  
 and claims benefit of 60/148,500 08/12/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/25/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 12
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Data access system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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